

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Friends of Wayne State

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="506.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="506.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9520.83"/>	<input type="text" value="9520.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="10027.27"/>	<input type="text" value="10027.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1060.49"/>	<input type="text" value="1060.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8966.78"/>	<input type="text" value="8966.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Friends of Wayne State

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8450.00	8450.00
(ii) Unitemized	1070.83	1070.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9520.83	9520.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9520.83	9520.83
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9520.83	9520.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9520.83	9520.83

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1060.49	1060.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1060.49	1060.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1060.49	1060.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1060.49	1060.49

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9520.83	9520.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9520.83	9520.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1060.49	1060.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1060.49	1060.49

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial) A. Victor Ajluni		Date of Receipt MM / DD / YYYY 02 / 09 / 2016 Transaction ID : SA11AI.4260
Mailing Address 16150 Old Bedford		Amount of Each Receipt this Period 250.00
City Northville	State MI	Zip Code 48168
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Direct Contribution
Name of Employer WSU Physician Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Alireza Amirsadri		Date of Receipt MM / DD / YYYY 02 / 15 / 2016 Transaction ID : SA11AI.4239
Mailing Address 38530 Chessinton		Amount of Each Receipt this Period 2500.00
City Farmington	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Direct Contribution
Name of Employer Wayne State University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Richard Baker		Date of Receipt MM / DD / YYYY 02 / 19 / 2016 Transaction ID : SA11AI.4264
Mailing Address 18950 Rosemont		Amount of Each Receipt this Period 1200.00
City Detroit	State MI	Zip Code 48219
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Direct Contribution
Name of Employer Wayne State University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	3950.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

A. Richard Balon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2543 Elm Brook Court
 City Rochester State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne State University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 19 / 2016
Transaction ID : SA11AI.4238
 Amount of Each Receipt this Period 300.00
 Memo Item
 Direct Contribution

B. Jay Berman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6030 Charles Drive
 City West Bloomfield State MI Zip Code 48322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne State University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2016
Transaction ID : SA11AI.4265
 Amount of Each Receipt this Period 300.00
 Memo Item
 Direct Contribution

C. Paul Chuba
 Full Name (Last, First, Middle Initial)
 Mailing Address 842 Three Mile Road
 City Grosse Point Park State MI Zip Code 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. John Health System Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016
Transaction ID : SA11AI.4241
 Amount of Each Receipt this Period 300.00
 Memo Item
 Direct Contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

A. Luay Haddad
Full Name (Last, First, Middle Initial)
Mailing Address 5575 Sapphire
City West Bloomfield State MI Zip Code 48322
FEC ID number of contributing federal political committee. **C**
Name of Employer Wayne State University Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 03 / 16 / 2016
Transaction ID : SA11AI.4263
Amount of Each Receipt this Period 200.00
 Memo Item
Direct Contribution

B. Arash Javanbakht
Full Name (Last, First, Middle Initial)
Mailing Address 4841 Hickory Pointe Blvd
City Ypsilanti State MI Zip Code 48197
FEC ID number of contributing federal political committee. **C**
Name of Employer Wayne State University Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 04 / 2016
Transaction ID : SA11AI.4266
Amount of Each Receipt this Period 500.00
 Memo Item
Direct Contribution

C. Charles Lucas
Full Name (Last, First, Middle Initial)
Mailing Address 19331 Strathcona
City Detroit State MI Zip Code 48203
FEC ID number of contributing federal political committee. **C**
Name of Employer Detroit Medical Center Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt 03 / 11 / 2016
Transaction ID : SA11AI.4268
Amount of Each Receipt this Period 1200.00
 Memo Item
Direct Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

A. Someswara Navuluri
 Full Name (Last, First, Middle Initial)
 Mailing Address 3721 Durham
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Detroit Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 15 / 2016**
Transaction ID : SA11AI.4251
 Amount of Each Receipt this Period **500.00**
 Memo Item
 Direct Contribution

B. David Rosenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 31800 Nottingham Drive
 City Franklin State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne State University Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 02 / 2016**
Transaction ID : SA11AI.4257
 Amount of Each Receipt this Period **200.00**
 Memo Item
 Direct Contribution

C. Tom Simmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4975 S. Ridgeside Circle
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 15 / 2016**
Transaction ID : SA11AI.4243
 Amount of Each Receipt this Period **500.00**
 Memo Item
 Direct Contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial) A. Wilbur Smith		Date of Receipt MM / DD / YYYY 02 / 13 / 2016
Mailing Address 10124 La Salle Blvd		Transaction ID : SA11AI.4252
City Huntington Woods	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Detroit Medical Center	Occupation Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	<input type="checkbox"/> Direct Contribution

Full Name (Last, First, Middle Initial) B.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	8450.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial)

A. Capital Grille

Mailing Address 2800 W. Big Beaver Road

City Troy State MI Zip Code 48084

Purpose of Disbursement
PAC Committee Meeting Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2016

Transaction ID : **SB21B.4270**

Amount of Each Disbursement this Period

539.44

Memo Item

Full Name (Last, First, Middle Initial)

B. Octalogo

Mailing Address 264 Hemlock Terrace

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Logo Design

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : **SB21B.4272**

Amount of Each Disbursement this Period

270.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

809.44

809.44